

P080000004331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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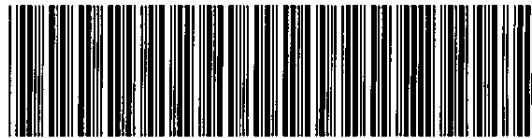
(Business Entity Name)

(Document Number)

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08 MAR 31 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Roberts APR 04 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: TOTAL HOME NURSING AGENCY, INC.
(Name of Corporation)

DOCUMENT NUMBER: P08000004331

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

LAZARO M CHIRINO

(Name of Person)

TOTAL HOME NURSING AGENCY, INC.

(Name of Firm/Company)

14331 SW 120TH ST, #101

(Address)

MIAMI, FL 33186

(City/State and Zip Code)

For further information concerning this matter, please call:

LAZARO M CHIRINO

(Name of Person)

at (786) 346-4540

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:

Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, ALFREDO R CORTES JR, hereby resign as VICE PRESIDENT
(Title)

of TOTAL HOME NURSING AGENCY, INC.,
(Name of Corporation)

P08000004331, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA.


(Signature of resigning officer/director)

FILED
08 MAR 31 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314